

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18737

State File No. \_\_\_\_\_

Registrar's No. (23) 65

FILED JUN 1 1943

Registration District No. 290

Primary Registration District No. 5983

1. PLACE OF DEATH:

(a) County. Pulaski  
(b) City or town. Fort Leonard Wood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: At barracks in Company Area  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERT E. AIKINS (Pvt)

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife. --- 6. (c) Age of husband or wife if alive. 22 years  
7. Birth date of deceased March 22 1908  
(Month) (Day) (Year)

8. AGE: Years 35 Months 1 Days 18 If less than one day hr. --- min. ---

9. Birthplace Providence Rhode Island  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U. S. Army-32812717

11. Industry or business Co B, 32nd Bn., ERTC

12. Name Unknown 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army Records

(b) Address Fort Leonard Wood, Missouri

17. (a) Removal (b) Date thereof May 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Hill N.Y.

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address 508 West 8th St., Rolla Mo.

19. (a) May 11 1943 (b) Robert A. Murray  
(Date received local registrar) (Signature)

(c) ROBERT A. MURRAY, Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Queens  
(c) City or town Richmond Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9158-110th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1943 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from --- 19 --- to --- 19 ---;

that I last saw him --- alive on --- 19 --- and that death occurred on the date and hour stated above.

Immediate cause of death (1) Coronary thrombosis  
(2) Left anterior descending of  
liver and kidneys

Due to ---

Due to ---

Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings: ---  
Of operations ---

Of autopsy As above.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---

(b) Date of occurrence ---

(c) Where did injury occur? --- (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

(Specify type of place) ---

(e) Means of injury ---

23. Signature Robert A. Varian, M.D., M.C. (M. D. or other) H. D.

Address Ampt 2, 6th St., E.R.T.C. Date signed 5/11/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-17-1943 6200 M D D (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Pulaski County Health Officer

File Number 5-43-64

Date Filed 5-28-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.